

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-032579(e)</b>
2. NAME OF OPERATOR <b>National Coop. Refinery Assoc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <b>415 W. Wall, Suite 2215, Midland, Texas 79701</b>		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>330' FNL, 330' FWL NWNW Section 1</b>		8. FARM OR LEASE NAME <b>Westates Federal</b>
14. PERMIT NO. -		9. WELL NO. <b>6</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3146' KB</b>		10. FIELD AND POOL, OR WILDCAT <b>North Justis, McKee &amp; Ellen.</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Section 1, T-25-S, R-37-E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>New Mexico</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

We respectfully request the Westates Federal well #6 remain in TA Status pending P&A of this well within the next six months.

A plugging procedure will be submitted at a later date. Mr. Shannon Shaw said he will send the Bureau of Land Management's required plugging procedure to the above address and a Sundry Notice will be submitted as soon as National Coop. Refinery Assoc. gets all details worked out.

RECEIVED  
JUN 3 10 53 AM '88

18. I hereby certify that the foregoing is true and correct

SIGNED Carrie A. Baze TITLE Production Clerk DATE 6-2-88

(This space for Federal or State office use)

APPROVED BY ORIG. SGD RA/GIRI TITLE CHIEF, MINERAL RESOURCES DATE 6-13-88  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

JUN 14 1983

CCD  
HOBBS OFFICE